CLUSTER: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

OBJECTIVE: Eligible infants and toddlers and their families receive early intervention services in natural environments appropriate for the child

Notes:
- Components and indicators marked with an "*" are included in Cluster Lite.
- Related professional development is listed under the indicators. For descriptions of the professional development, please refer to the Comprehensive System of Professional Development section.
- General notes about the data analyzed in this report can be found in the Data Explanations section.

Component CE.1*: Does family-centered service coordination effectively facilitate ongoing, timely early intervention services in natural environments?

Overview Answer: This area was recognized as a concern under the old system. A focus area of the new system is to expand the quality and availability of service coordination. Preliminary data indicates the expanded availability and training for service coordinators. At this time, the data from the new system is showing an increase in the number of service coordinators along with the corresponding decrease in average caseloads for the service coordinators. Due to the start-up of the new system, there have been difficulties with the operation of the data system; delays at the System Point of Entry (SPOEs) due to unfamiliarity with the system, late hiring of staff, delays with data entry and slow provider enrollment. The Department of Elementary and Secondary Education (DESE) is aware of these issues with start-up and are making adjustments with Phase 2 to alleviate these problems. The SPOE data system is operating, SPOE training is being revised to take a more cohesive look at the flow of information from forms to the data system, a three-month time span will be in place to allow contractors to hire staff prior to the start-up date, and provider enrollment is occurring now. The new system includes both intake service coordinators who are SPOE employees as well as ongoing service coordinators who are contracted through DESE. This dual system of service coordination and the improved data system should assist in the delivery of timely early intervention services.

Strengths: The individual child data system includes more detailed information regarding timelines and location of services. Independent Service Coordinators (ISCs) are enrolling as providers in the new system. Targeted case management expands support for service coordination activities. This dual system of service coordination and the improved data system should assist in the delivery of timely early intervention services.

Areas of Concern: The timeliness of the data entry that is occurring during the start-up of the new system is an issue.

Other Comments: A draft recruitment plan for independent service coordinators has been developed. DESE will conduct an analysis comparing infants and toddlers identified under the old system (conversion kids) and newly identified infants and toddlers to determine differences in kinds and levels of services.

LIST THE QUESTIONS THE COMMITTEE STUDIED AND THE DATA SOURCES REVIEWED	SUMMARIZE THE CURRENT STATUS AND CONCLUSIONS FOR THIS QUESTION

CE.1.1*: Does each child and family have a service coordinator that assists him or her in receiving timely early intervention services (EIS) in natural environments (NE)?

Data Sources:
- State Monitoring Reports
- SPOE database
- Child Complaint Logs/Findings
- Memos from Department of Mental Health (DMH), Department of Health and Senior Services (DHSS)
- State Interagency Coordinating Council (SICC) Minutes

Related CSPD:
- First Steps Module – Individualized Family Service Plan (IFSP) in Natural Environments
- First Steps Bulletins

Data Summary:

All families are assigned an intake service coordinator upon referral. Previous state and federal monitoring found no problems in this area and no child complaints have been filed concerning service coordination or receipt of early intervention services in the natural environment as soon as possible.

Previous monitoring found high caseloads for service coordinators in both the Department of Health and Senior Services (DHSS) and Department of Mental Health (DOH). DOH contracted with local health departments to provide First Steps service coordination in areas of high need—Kansas City and Springfield during FY 01 and 02. DMH began contracted service coordination in Kansas City and St. Louis county during FY 02.   The system redesign recommended that independent service coordination be developed to address the caseload issues of the state agencies.   The Division of Medical Services has approved a new Medicaid Targeted Case Management for First Steps.

Average Service Coordinator Caseloads

Area	Number of Service Coordinators	Average Caseload	Average days from referred to IFSP
Phase I (Eighteen counties in new system)	48	22.64	60.8
Statewide (old system)	56	56.96	Unknown

Number of Children by Length of Time from Referral to IFSP*

County	St Louis	St Louis City	St Charles	Davies	Clay	Platte	Ray
SPOE	1000	1000	1100	1200	1300	1300	1300
<= 45 days	29	5	23	0	23	6	3
46-50 days	12	1	5	0	0	1	0
>50 days	141	22	30	1	8	5	0
Total	182	28	58	1	31	12	3
%>45 days	84.07%	82.14%	60.34%	100.00%	25.81%	50.00%	0.00%

County	Andrew	Buchanan	Caldwell	Clinton	DeKalb
SPOE	1400	1400	1400	1400	1400
<= 45 days	1	1	23	2	0
46-50 days	1	0	0	1	0
>50 days	2	1	8	0	2
Total	4	2	31	3	2
%>45 days	75.00%	50.00%	25.81%	33.33%	100.00%

LIST THE QUESTIONS THE COMMITTEE STUDIED AND THE DATA SOURCES REVIEWED	SUMMARIZE THE CURRENT STATUS AND CONCLUSIONS FOR THIS QUESTION
CE.1.1*: Concluded	*** Data is for referrals from 4/1/02 to 9/9/02 and does not include any children still in the referral process.** **Committee Conclusions:** Currently, Compliance monitoring staff is working with the SPOEs to determine the underlying causes of the cases that exceed forty-five days. Under the redesign, families are assigned an intake coordinator within two working days. Separating service coordination tasks into two separate roles, one for intake and one for ongoing service coordination, should also help with timely services. The new data system will identify any area office where timelines are problematic. Phase 1 Service Coordination indicates an expanded pool of independent service coordinators.
CE.1.2: Does service coordination training address the special knowledge, skills and abilities needed to serve the unique needs of eligible infants and toddlers and their families? **Data Sources:** • Service Coordination Module Training Record • Competencies for Early Intervention Services **Related CSPD:** • First Steps Modules – Orientation, Assessment and Eligibility, IFSP in Natural Environments, Movin' On: Transition, Service Coordination • First Steps Bulletins	**Data Summary:** The new training system has a service coordination module that is required for service coordinators. This module focuses on the specific knowledge, skills and abilities required in First Steps. **Committee Conclusions:** Training content and requirements are designed to appropriately prepare service coordinators. DESE needs to develop a survey of service coordinators to assess their perspectives on this training and monitor the system for changes in practice reflected by the training competencies.

LIST THE QUESTIONS THE COMMITTEE STUDIED AND THE DATA SOURCES REVIEWED	SUMMARIZE THE CURRENT STATUS AND CONCLUSIONS FOR THIS QUESTION
CE.1.3: Does training address the identified Comprehensive System of Personnel Development (CSPD) needs of service coordinators? **Data Sources:** • Training Modules • Early Intervention Credential Guide	**Data Summary:** The new training system currently requires core modules that service coordinators must successfully complete. These modules are: 1. Orientation to First Steps, 2. Evaluation and Assessment in First Steps, 3. IFSP Services in Natural Environments, 4. Movin' On: Transition in First Steps and 5. Service Coordination. Competencies and a training module (Service Coordination in First Steps) have been developed that address the specific skills needed to be successful as a service coordinator. A comparison made between data sources found that competencies and training needs were in alignment. **Committee Conclusions:** Training content and requirements are designed to appropriately prepare service coordinators. DESE needs to develop a survey of service coordinators to assess their perspectives on this training and monitor the system for changes in practice reflected by the training competencies.

COMPONENT CE.2*: Does the evaluation and assessment of child and family needs lead to identification of all child needs, as well as all family needs, related to enhancing the development of the child?

Overview Answer: No data is available to answer this component.

Strengths: A training module has been developed to address evaluation and assessment.

Areas of Concern: No relevant data is available.

Other Comments:

LIST THE QUESTIONS THE COMMITTEE STUDIED AND THE DATA SOURCES REVIEWED	SUMMARIZE THE CURRENT STATUS AND CONCLUSIONS FOR THIS QUESTION
CE.2.1*: Does the evaluation and assessment of child and family needs lead to identification of all child needs, as well as all family needs, related to enhancing the development of the child? **Data Sources:** • Policy documents • Evaluation & Assessment Module **Related CSPD:** • First Steps Module – Assessment and Eligibility	**Data Summary:** No data is available to address this question. **Committee Conclusions:** No data is available. The new SPOE data system is being reviewed to determine how Compliance monitoring staff can address this issue including possible development of Family Survey and analysis of Individualized Family Service Plan (IFSP).

COMPONENT CE.3*: Are appropriate early intervention services in natural environments and informal supports meeting the unique needs of eligible infants and toddlers and their families?

Overview Answer: A significant number of families receive services in Natural Environments and these services have increased from 56 percent in 1998 to 92 percent in 2001 (includes the categories of Home and Program for Typically Developing Children). The majority of services are provided in homes.

Strengths: Training has been developed on Individualized Family Service Plans (IFSPs) in Natural Environments (NE). Trend data is showing that the majority of services are provided in Natural Environments.

Areas of Concern: There is no information included in the data system that measures improved and sustained functional abilities for infants and toddlers with disabilities. The feasibility of the provision of low incidence and specialized services in rural areas with Phase 2 implementation is a concern.

Other Comments:

LIST THE QUESTIONS THE COMMITTEE STUDIED AND THE DATA SOURCES REVIEWED	SUMMARIZE THE CURRENT STATUS AND CONCLUSIONS FOR THIS QUESTION
CE.3.1*: What percentage of children are receiving age-appropriate service primarily in home, community-based settings, and in programs designed for typically developing peers? **Data Sources:** • State 618 data	**Data Summary:**

Primary Settings of Early Intervention Services Received in Accordance with Part C: 1998 - 2001

Primary Setting	1998		1999		2000		2001	
	#	%	#	%	#	%	#	%
Program for Children with Disabilities	594	23.73	194	7.28	200	6.58	133	4.71
Program for Typically Developing Children	152	6.07	271	10.17	291	9.58	153	5.42
Home	1,250	49.94	1,895	71.08	2,341	77.03	2,442	86.44
Hospital (Inpatient)	22	0.88	44	1.65	5	0.16	2	0.07
Residential Facility	5	0.20	1	0.04	8	0.26	2	0.07
Service Provider Location	480	19.18	240	9.00	111	3.65	70	2.48
Other Setting	-	0.00	21	0.79	83	2.73	23	0.81
Total	2,503	100	2,666	100	3,039	100	2,825	100

Committee Conclusions:
A significant number of families receive services in Natural Environments and these services are increasing. The majority of services are provided in homes.

LIST THE QUESTIONS THE COMMITTEE STUDIED AND THE DATA SOURCES REVIEWED	SUMMARIZE THE CURRENT STATUS AND CONCLUSIONS FOR THIS QUESTION
CE.3.2*: What percentage of children participating in the Part C program demonstrates improved and sustained functional abilities? **Data Sources:** • State 618 data	**Data Summary:**

Infants and Toddlers Exiting Part C Program				
Exit Reason	1998	1999	2000	2001
Completion of IFSP prior to reaching maximum age for Part C	90	60	210	135
Part B Eligible	439	967	1,143	823
Not Eligible for Part B, Exit to Other Programs	328	194	103	226
Not Eligible for Part B, Exit with no Referrals	26	29	98	26
Part B Eligibility Not Determined	50	84	83	125
Deceased	34	24	24	10
Moved Out of State	61	75	87	74
Withdrawal by Parent or Guardian	145	121	136	208
Attempts to Contact Unsuccessful	142	161	119	105
Total	1,315	1,715	2,003	1,732

Committee Conclusions:
Three of the above categories could indicate that abilities have been improved through the First Steps program. These include: "Completion of IFSP prior to reaching maximum age for Part C," "Not eligible for Part B, Exit to Other Programs" and "Not Eligible for Part B, Exit with no Referrals." These categories make up approximately 20 percent of exiters from Part C. Since the Part C eligibility criteria is more restrictive than the eligibility for Part B, some children will have exited to Part B with improved and sustained functional abilities, but this is not captured by the data. No current parental survey is in place. A draft survey has been developed and will be implemented in January 2003.

LIST THE QUESTIONS THE COMMITTEE STUDIED AND THE DATA SOURCES REVIEWED	SUMMARIZE THE CURRENT STATUS AND CONCLUSIONS FOR THIS QUESTION
CE.3.3*: What percentage of children and families receive all the service identified on their IFSP? **Data Sources:** • State Monitoring Reports • Complaint Records • IFSP Review • Anecdotal Information • SPOE database	**Data Summary:** State and federal monitoring and anecdotal information indicates all services are provided. No agency (DMH or DHSS) reports waiting lists for IFSP services. **Committee Conclusions:** Based on data reviewed, all services as listed on the IFSPs are delivered. The Division is reviewing SPOE data for compliance with timelines. There needs to be a system to monitor utilization rates on ongoing basis.